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JAN 17 2003  
U. S. Patent & Trademark Office  
P A T E N T A P P L I C A T I O N F E E D E T E R M I N A T I O N R E C O R D

Application or Docket Number

09/470,566

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR U. S. PATENT & TRADEMARK OFFICE	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(c))		
TOTAL CLAIMS (37 CFR 1.16(c))	20	minus 20 = * 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5	minus 3 = * 2
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ ____		\$ ____
OR x \$ ____ =		OR x \$ ____ =	
OR x ____ =		OR x ____ =	
OR + ____ =		OR + ____ =	
TOTAL	458	OR TOTAL	

## CLAIMS AS AMENDED - PART II

1-17-03 (Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 24	Minus	** 20	= 4
Independent (37 CFR 1.16(b))	* 5	Minus	*** 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	36
x 42 =	0
+ ____ =	
TOTAL ADDIT. FEE	36

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AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 24	Minus	** 24	= 0
Independent (37 CFR 1.16(b))	* 5	Minus	*** 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 37	Minus	** 24	= 13
Independent (37 CFR 1.16(b))	* 6	Minus	*** 5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 25 =	325
x 100 =	100
+ ____ =	
TOTAL ADDIT. FEE	425

Mot  
Paid

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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